

EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

July 29, 2005

Ms. Erin Radekin
Attorney at Law
428 J Street, #350
Sacramento, CA 95814

FILED

Re: U.S. v. Bryant Jacobs
Cr.S-05-125-MCE

JULY 29 2005

Dear Ms. Radekin:

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

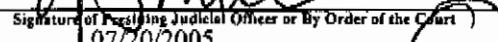
Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR/DIST./DIV. CODE CAE	2. PERSON REPRESENTED Jacobs, Brian	3. MAG. DKT./DEF. NUMBER 2:05-000125-007	4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. Bedenfield	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A.F -- BANK FRAUD						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Radekin, Erin 428 J Street, #350 Sacramento CA 95814		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____				
Telephone Number: (916) 446-3331		<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (see instructions)				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		Signature of Presiding Judicial Officer or By Order of the Court  07/20/2005 Date of Order Non Pro Temp Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
I N C O U R T	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ 90)		TOTALS:				
O U T O F C O U R T	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 90)		TOTALS:				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
19.	CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22.	CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					Date: _____
Signature of Attorney: _____ Date: _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

UNITED STATES vs.

Bryant
JacobsFOR
EASTERN DISTRICT OF CA.
AT
SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

PERSON REPRESENTED (Show your full name)

Bryant Jacobs

CHARGE/OFFENSE (describe if applicable & check box →) Felony
 Misdemeanor

18 USC 1344(1)(2)

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

CR. S-05 125 MCE

Court of Appeals

EMPLOY-
MENTAre you now employed? Yes No Am Self Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? Yes NoIF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____

ASSETS

OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

IF YES, GIVE THE AMOUNT

RECEIVED

RECEIVED & IDENTIFY \$

THE SOURCES

SOURCES

Dunlap Law Firm, 1/05-571/h. 2015
Jan/05 only

CASH

Have you any cash on hand or money in savings or checking account Yes No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$ _____

DESCRIBE IT

OBLIGATIONS
& DEBTS

DEPENDENTS

MARITAL STATUS

Total
No. of
Dependents

List persons you actually support and your relationship to them

 SINGLE MARRIED WIDOWED SEPARATED OR
DIVORCEDDEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Pmt.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 7/20/05SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Bryant J